

# 2016

Grenada Food and  
Nutrition Council



## INFANT AND YOUNG CHILD FEEDING POLICY GRENADA



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## **PREFACE**

It is an honour to present this Infant and Young Child Feeding(IYCF) Policy to the people of Grenada on behalf of our children who cannot speak for themselves. This document is essential to the protection of the overall health of future generations in the State of Grenada. Set out herein is a framework for allowing current, safe and adequate feeding practices that supports optimal growth, development, health and survival of all infants and young children, 0-24 months old.

The policy supports the Government's commitment to securing and promoting the nutritional wellbeing of vulnerable populations as stipulated in the Grenada Food and Nutrition Security Policy (2013). It also addresses the United Nations 2030 Agenda for Sustainable Development Goals (SDG), which speaks to child health and wellbeing, as well as other global targets to which the Government is signatory.

The Grenada Food and Nutrition Council's surveillance identifies a reduction in underweight and stunting which is very much desired. However, there has been an increase in overweight, and risk of overweight among the 6 to 36 months old population. This increase reflects inappropriate and inadequate feeding practices. If this trend persists, Grenada's population will be faced with a higher risk of Chronic Non-Communicable Diseases (CNCDs), exorbitant health care bills and weakened economic growth and productivity.

This policy will strengthen the skills of health care workers and persons involved in health education. It will ensure timely and accurate information is provided to all women of child bearing age, their families and significant others. With support for the policy from all sectors, Grenada can look forward to a healthier nation.

Sincere appreciation is extended to all individuals and organizations who committed their time to the development of this policy.

A special thank you to PAHO for their support and technical assistance in the development of this policy.

.....  
**Minister for Health**

.....  
**Minister for Agriculture**

## LIST OF ABBREVIATIONS

ABM	.....	Artificial Breast Milk
ARV	.....	Antiretroviral Medication
ART	.....	Antiretroviral Therapy
BFHI	.....	Baby- Friendly Hospital Initiative
CNCD	.....	Chronic Non-Communicable Disease
CRC	.....	Convention on the Rights of the Child
GBS	.....	Grenada Bureau of Standards
HIV	.....	Human Immunodeficiency Virus
HTLV	.....	Human T- lymphotropic Virus
IDA	.....	Iron Deficiency Anemia
ILO	.....	International Labour Organization
IYCF	.....	Infant and Young Child Feeding
LBW	.....	Low Birth Weight
MAREP	.....	Market Access and Rural Enterprise Programme
MDG	.....	Millennium Development Goals
MOE	.....	Ministry of Education
MOH	.....	Ministry of Health
MOSD	.....	Ministry of Social Development
MOW	.....	Ministry of Works
NIS	.....	National Insurance Scheme
PAHO	.....	Pan American Health Organization
PMTCT	.....	Prevention of Mother to Child Transmission of HIV

### **LIST OF ABBREVIATIONS (Cont'd)**

SDG	.....	Sustainable Development Goals
UNICEF	.....	United Nations Children's Fund
VLBW	.....	Very Low-birth-weight
WHA	.....	World Health Assembly
WHO	.....	World Health Organization

## GLOSSARY OF TERMS

**Adequate** - Providing sufficient energy and nutrients to meet the needs of infant or young child

**Anaemia**- Condition where there are not enough healthy red blood cells to carry adequate oxygen around the body; inadequate blood oxygen-carrying capacity and tissue oxygenation

**Antenatal**- Period of pregnancy up to delivery

**Breast milk Substitutes** - Any food being used as a total or partial replacement for breast milk whether or not suitable for that purpose.

**Child bearing age** - Women between the ages 15 to 49

**Complementary Feeding**- Food and liquids needed in addition to breast milk to sufficiently meet the nutritional needs of infants, when breast milk alone is no longer sufficient.

**Exclusive Breast Feeding**- Defined by WHO as the provision of only breast milk with no other liquids or solids except medicines, vitamins and minerals.

**Failure to Thrive** - Failure to maintain an established pattern of growth and development that responds to the provision of adequate nutritional and emotional needs.

**Galactosemia**- An inherited disorder in which the body is unable to metabolize the simple sugar galactose found in milk

**Haemoglobin**- Oxygen transporting protein portion in red blood cells

**Haemophilus influenza meningitis** -A bacterial infection of the membranes covering the brain and spinal cord that mainly occurs in infant and young children

**Haem iron**-Iron from animal food sources

**Indigent**- A state of extreme poverty

**Infant**- Birth to 12 months of age

**Iron Deficiency anaemia**- Insufficient iron intake or stores resulting in not enough red blood cells

**Low-birth-weight**- Less than 5.5 pounds or 2.5 Kilograms

**Morbidity** - A diseased state or poor health

**Mortality**- A state or condition of being subject to death

**Numeracy** - Ability to understand and work with numbers

**Obesity** - High weight for length or height, Z score greater than +3

**Otitis media**-Ear infection affecting the middle ear

**Over-nutrition** - A form of malnutrition, excess nutrient and energy intake than is required

**Overweight** - high weight for length or height, Z score greater than +2

**Phenylketouria (PKU)** - An inherited disorder in which an individual is unable to metabolize (breakdown) the essential amino acid phenylalanine.

**Postnatal**-The period after giving birth up to six weeks thereafter

**Poverty**- Condition of having little or no money, goods and means of support

**Preterm**-Babies born alive before 37 weeks of pregnancy are completed

**Provisions** - Starchy fruits, roots and tubers

**Snacks**- Foods fed between meals, usually self -fed

**Stakeholders**-Individuals, organizations or groups that can affect or be affected by an activity

**Stunted**- Reduced growth rate during development; height for age <-2 z-score

**Under-nutrition**- A form of malnutrition, inadequate food intake; weight for age <-2 z-score

**Urinary tract infections**- Infection of one or more structures of the urinary system

**Very Low-birth-weight** - Babies born less than 1500 g or 3¼ pounds

**Vulnerable populations** - Those groups who tolerate a larger burden of illness or economic distress than other groups

**Wasted**- Low weight for height, resulting from chronic non-favourable conditions; weight for height <-2 z-score

**Young Child** - In the context of this document, refers to a child between ages of 12 to 24 months (1-2 years)

**Z-score** - A standard score which indicates how many standard deviations a Child's weight is from the mean (average): it can be positive or negative showing whether above or below the mean.

Terms appears as presented in documents and publications of PAHO/WHO/UNICEF/UN, NIH – Medline Plus and the Mosby's Dictionary of Medicine, Nursing & Health Professionals (9<sup>th</sup> Ed.) (2013). Toronto, Canada: Mosby Elsevier Inc.



## Executive Summary

This document will serve as a guide for the Government of Grenada, parents, care givers, health care workers, businesses and the community at large, to ensure best feeding practices for all infants and young children in the State of Grenada. The actions supported in this document are expected to result in a healthier and more productive population.

Improving maternal, infant and young child nutrition will lead to better child health outcomes.

This improvement will result in a reduction in malnutrition, childhood deaths and illnesses, and reduce our national expenditure on treating such illnesses and chronic non-communicable diseases later in life.

The driving forces behind the development of this policy are:

- The number of low birth weight (LBW) infants being born
- Very low level of exclusive breastfeeding up to 6 months
- Poor complementary feeding practices
- Consistent high rate of anaemia among 1 year olds
- Hospital admittance with a diagnosis of Failure to Thrive amongst 0-5 year olds
- Increase in overweight among children 6months -5 years of age

The need to address maternal nutrition, support exclusive breastfeeding, and address complementary feeding practices to help eradicate the nutrition related issues in the tri island state is quite evident.

Actions in this document are guided by internationally recognized targets set forth by World Health Organization (WHO), the Sustainable Development Goals (SDG), and the Convention of the Rights of the Child (CRC) and the Grenada Food and Nutrition Security Policy.

The policy statements put forward lend support to exclusive breastfeeding up to six months of age; introduction of complementary foods at six months with continued breastfeeding up to 24 months or beyond. Consideration has also been given to special circumstances when the use of breast milk substitutes may be necessary. The policy provides support to a need based social assistance programme for women who are pregnant and lactating. It highlights the economic benefits of breastfeeding and recommends initiatives to allow these women to develop sustainable means of supporting their children beyond the programme.

Additionally, this document focuses on the need to educate health care workers, health educators, care givers and media personnel to ensure accurate and consistent messages are disseminated to the general public.

Good nutrition provides the foundation for adequate growth and development and higher survival rates of infants and young children. This can be achieved, by implementing appropriate feeding practices from birth which will consequentially result in improved productivity and economic growth for the State of Grenada.

Through commitment of the Grenada Food and Nutrition Council (GFNC), the Ministry of Health and other stake holders, this document has been developed to address nutritional needs of the youngest and one of the most vulnerable groups among our population.

## 1.0 Background & Rationale

### 1.1 Introduction

Grenada is located in the Eastern Caribbean and is the southern most of the Windward Islands located just north of Trinidad and Tobago at latitude 12° N and 61° W. The state of Grenada is comprised of Grenada, the main island and two smaller islands, Carriacou and Petite Martinique. The State of Grenada has an area of 133 square miles (344 km<sup>2</sup>), with an estimated population of 109,374 as of 2014 (Grenada Central Statistical Unit, 2014). Women 15-54 years of age, represent about 29% of the population, with a fertility rate estimated at 2.09 children born per woman, birth ratio 16.3 per 1000 population and an infant mortality rate of 11.12 deaths per 1000 live births. Literacy level is at 96% for persons over age 15, which can be considered high, relative to other developing countries worldwide (Grenada Demographics Profile, 2014).

In 2008 a poverty assessment was conducted which revealed that Grenada had the highest incidence of extreme poverty in the Eastern Caribbean at 37.7%, of which 35.3 % of persons were able to meet food needs but no other essential needs for survival and 2.4% were deemed indigent (Government of Grenada.n.a.).

There is an urgent concern for the health and wellbeing of our population, in particular women of childbearing age 15 to 49 years, whose health is predictive of the health of their offspring. A woman's nutritional status impacts the birth weight and health of her child. It must be noted, there is significant decrease in mental development at 12, 18 and 24 months in children whose mothers had prenatal –iron deficiency anaemia and non- iron deficiency anemia (Chang, Zeng, Brouwer, Kok, & Yan, 2013). This brings focus not just on infants and young children but also on women who are pregnant and lactating, to nourish themselves adequately. Adequate

nourishment, in turn, will give the best possible start in utero and after birth, through the breastfeeding period, 0-24 months and beyond.

Data from the Ministry of Health (MOH) indicates that between 2008 and 2015, 137 children ages 0-5 years old were hospitalized with a diagnosis of Failure to Thrive (See Table 1).

**Table 1: Children admitted to hospital with Failure to Thrive (Underweight)**

Year	No.
2008	17
2009	11
2010	32
2011	15
2012	23
2013	14
2014	12
2015	13

*Source: Ministry of Health*

The World Health Organization (WHO) reports that under-nutrition is the cause of 3.1 million child deaths annually worldwide equating 45% of all child deaths. Globally in 2013, 161.5 million children under five years were estimated stunted, 50.8million estimated to have low weight for height and 41.7 million were overweight or obese (WHO, 2016a). Mosby (2013) reiterates “Infants fed breast milk are less likely to become obese” (pg. 91). Both Under and over nutrition have lifelong morbidity consequences on infants and young children.

There has been a decrease in the use of traditional foods and a departure from usual ways of preparation. There has also been an increase in the consumption of more highly processed and imported foods, as well as the use of commercially prepared breast milk substitutes and other artificial feeds in place of breast milk.

During the period March to April 2016, GFNC conducted a survey on complementary feeding practices in children, less than two years old (n=69), who attended child health clinics, in three parishes, St. George, St. Andrew and St. David. The mothers of those children were interviewed to obtain information. Results showed that women are choosing alternatives to breast feeding and are introducing foods with little nutritive value, namely sugary foods. Even in trying economic times, they appear to have limited knowledge of the economic benefits of breast feeding.

According to WHO there are several economic advantages in breastfeeding: Breast-fed babies are less likely to need excessive medical attention as they grow, which reduces health care cost paid for by insurers, government agencies, or families and the tax burden on communities and government to ensure children are properly fed. Additionally, WHO further states, “The cost to supply artificial breast milk (ABM) to one child is between US\$800 and \$1,200 per year depending on the brand and area of the world” (WHO, 2016c).

The Grenada Hospital Services projects a substantial increase in admissions for chronic non-communicable diseases, between 2012 and 2050: diabetes (DM) 124%, hypertension (HTN) 118%, cardiovascular disease (CVD) 125% and cancers (CA) 69%. These numbers are reflective of children born today. Being one of the most fragile segments of the population, infants and young children are at risk of becoming under nourished, overweight or obese leading to CNCND (see Table 2).

Chronic non-communicable diseases constitute the leading causes of death in Grenada (MOH, 2013) and data from the Grenada Health Information and Epidemiology Unit (2013, 2014, and 2015) indicate that CNCNDs accounted for 3,774 admissions to Grenada’s hospitals in 2013, 3,642 in 2014 and 3,392 in 2015.

**Table 2: Number of Admissions by Diseases 2012 And Projected Number of Admissions in 2025 and 2050 by Diseases ( Grenada General Hospital 2012,2013)**

<b>Disease</b>	<b>Number of Admissions 2012</b>	<b>Projected Admissions 2025</b>	<b>Percentage Increase in Admissions 2025 over 2012</b>	<b>Projected Admissions 2050</b>	<b>Increase in Admissions 2050 over 2012</b>
Cancer	705	988	40%	1,190	69%
CVD	31	49	59%	70	125%
Diabetes	982	1678	71%	2,196	124%
HIV	19	24	24%	25	30%
Hypertension	1,270	2,100	65%	2,773	118%

*Source: Grenada General Hospital Costing 2012, 2013*

In the Caribbean, levels of wasting and stunting are generally lower than that of other developing countries. Countries reporting wasting also report stunting, namely Haiti, Belize and Guyana. In 2001, the Caribbean Food and Nutrition Institute (CFNI) published a regional estimate of overweight, reporting an overall prevalence of 3-6%, with an increasing trend over a ten year period (Gaskin, Nielsen, Willie & Durant, 2014).

WHO reports that 36% of infants 0 to 6 months old globally were exclusively breastfed in 2013; however, the lives of over 800,000 children less than 5 years old could be saved every year, if all were breastfed optimally for the first 23 months of life. Additionally, few children receive nutritionally adequate and safe complementary foods (WHO, 2016a).

In 2014 WHO reported that an estimated 41 million children under age five were overweight or obese, based on z-score more than 2 Standard Deviations (SDs) and greater than 3 SDs from the median (average) respectively. Also highlighted was the fact that children who are overweight

are often seen as healthy; hence childhood obesity is often overlooked as a public health concern (WHO, 2016b).

Inappropriate feeding practices and their outcomes place a major threat to the achievement of sustainable socio-economic development and poverty reduction. Unless successful at achieving optimal child growth and development through appropriate feeding practices, government will not be successful at achieving economic growth (WHO/UNICEF, 2013). Shah (2003) stresses “Decreasing child poverty is needed to decrease the adverse child and later adult life health and social problems associated with child poverty” (pg. 186).

This policy aims to eradicate malnutrition evidenced by underweight, wasting and stunting and to put a stop to or decrease incidences of overweight and obesity among infants and young children. These are linked to the development of chronic non-communicable diseases, such as diabetes and hypertension, which are becoming more prevalent at younger ages.

This policy serves as a guide for government, private sector, health care professionals, care givers, families and other stakeholders, which will improve the nutrition, health and well-being of our children in an effort to safe guard the future growth and development of the population.

## **1.2 Situational Assessment**

### **1.2.1 Current feeding practices**

As seen in Table 3, between 2008 and mid 2012 infants who were breast fed exclusively from birth to three months averaged 33.5%. Data collected between 2012 and 2015 indicated that the percentage of those exclusively breastfed from birth to six months was lower, at 22.4% (MOH, 2015). Data collected between mid-2012 to 2015, rise in overweight and obesity among the six months to three years population, with a 42% increase in overweight (GFNC, 2015).

**Table 3: Breastfeeding Rates**

<b>YEAR</b>	<b>No. seen at 12 -15 weeks</b>	<b>No. Exclusively breastfed for 3 months</b>	<b>% Exclusively breastfed for 3 months</b>
2008	425	149	35
2009	477	172	36
2010	601	191	31.8
2011	471	145	30.8
2012(Jan-May)	292	99	33.9
	<b>No. seen at 6 months.</b>	<b>No. Exclusively breastfed for 6 months</b>	<b>% Exclusively breastfed for 6 months</b>
2012 (June-Dec)	562	136	24.2
2013	1005	234	23.3
2014	2512	526	20.9
2015	2782	591	21.2

*Source: Ministry of Health, 2015*

A recent review of complementary feeding practices in Grenada by GFNC reveal that among children under 2 years old, 75% are receiving milk other than breast milk at 6 months and 7% are receiving no milk at all. A combined 67% receive sweet water or bush tea whether in addition to some type of milk or to replace milk entirely, while 62% are receiving foods with added sugar, most introduced by 9 months or beyond. Additionally, 44% of children were introduced to animal flesh, namely fish and chicken between 9 and 12 months, with several even beyond 12 months, but some as early as 3 months. Legumes are mostly introduced between 6 and 9 months. Staples and vegetables are mostly introduced by 6 months; however, only 35% of the children are having vegetables by 6 months if at all. Vegetables are limited to callaloo



leaves, carrots and pumpkin and staples to cereal and some provisions. Fresh fruit is offered more often than fruit juice and both are introduced by 6 to 9 months of age. The reasons for variance in feeding practices are often linked to economic situations and some claiming tradition and culture, in particular with regards to bush tea and sweet water. Late introduction of foods containing haem iron (meat, fish and poultry) can be a contributing factor to the high rate of iron deficiency anaemia among one year old and presumably beyond.

### 1.2.2 Nutrition situation

Preschool surveys conducted by GFNC reveals decrease in the number of underweight and wasted children in the tri-island state and a significant decrease in the percentage of wasted children between 2011 and 2014, a positive change (Table 4). On the other hand, among 2,483 children, 3.9% of pre-schoolers, ages 3-5 years were overweight or obese. This was an increase from 2%. Another 8.9% in the latest survey were at risk for overweight, 2.5% were wasted and 1.8% stunted (Tables 5 and 6). The prevalence of overweight and obesity was greatest in parishes of St. George and Carriacou (GFNC 2011, 2014).

**Table 4: Findings of Preschool survey, 2011 and 2014**

Year	Age Group	Indicator Used	No. of children assessed	No. of children over weight	% of overweight	No. of Children Wasted	% Wasted
2011	3 – 5 years	Wt/ht Z score	2441	49	2.0	182	7.5
2014	3 - 5years	BMI-for-age	2483	98	3.9	61	2.5

Source: GFNC

**Table 5: BMI -for –age indicator, Pre- school Survey 2014**

<b>Z-score</b>	<b>BMI-for-age</b>	<b>No.</b>	<b>%</b>
Above 3	Obese	38	1.53
Above 2 below 3	Overweight	60	2.4
Above 1 below 2	Possible risk of overweight	222	8.9
At -2 through to +1	Normal	2102	84.7
Below -2 above -3	Wasted	57	2.3
Below -3	Severely wasted	4	0.2

*Source: GFNC*

**Table 6: Percentage of low Height-for-age, Pre-school Survey, 2014**

<b>Z-score</b>	<b>Height-for-age</b>	<b>No.</b>	<b>%</b>
Below -2 above -3	Stunted	39	1.6
Below -3	Severely stunted	6	0.2

*Source: GFNC*

The 2015 Day Care Survey which assessed 786 children, 6 months to 3 years old showed 3.4% were wasted and 3.4 % were stunted, which is an established indicator of chronic malnutrition and associated with environmental and socio-economic conditions (Table 7). The survey also found that 4.7% were overweight and/or obese and 16.3% were at risk for overweight or obesity. When compared to a similar survey in 2012, there was a decrease in wasting from 8.2% to 3.4% and an increase in overweight and obesity from 2.7 % to 4.7%.

**Table 7: Findings of Day care Surveys, 2009-2015**

<b>Year</b>	<b>Age Group</b>	<b>Indicator Used</b>	<b>No. of children assessed</b>	<b>No. of children over weight</b>	<b>% of over weight</b>	<b>No. of children underweight</b>	<b>% Wasted.</b>
2009	6mos – 3 years	Wt/ht (Z score)	596	13	2.2	47	7.9
2012	6mos – 3 years	Wt/ht (z score)	670	18	2.7	55	8.2
2013	6mos-3 years	BMI for age (z score)	435	26	6	17	3.9
2015	6mos-3 years	BMI for age z score	786	37	4.7	27	3.4

*Source: GFNC, 2015*

Current assessments in Grenada of haemoglobin (Hb) levels revealed 53.5% of one year olds screened were anaemic in 2012; 43.6% in 2013, 52.3% in 2014 and 49.2% in 2015 ( Figure 1).

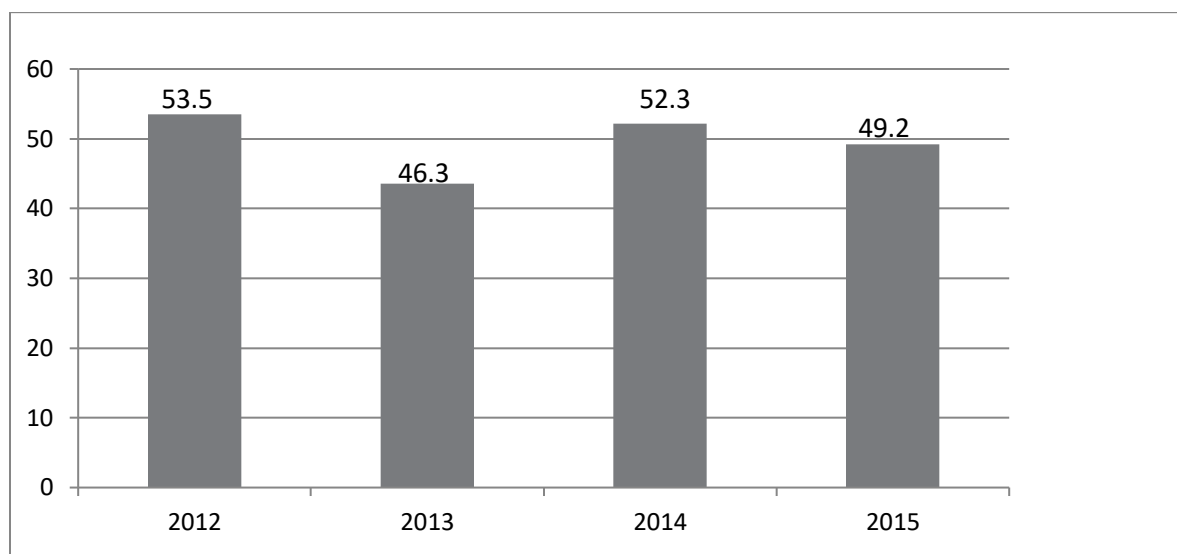
This indicates consistently, nearly half of one year olds are anaemic, (Hb less than 11g/dl.)

Iron deficiency is the most common micronutrient deficiency and the leading cause of anaemia in more than one half of children in developing countries. Children who are born at normal birth weight(> 5.5lbs)would normally have sufficient iron stores of up to 4-6 months; however, infants born to mothers who are anaemic tend to have low iron stores (Meinzen-Derr, Guerrero, Altaye, Ortega-Gallegos, Ruiz-Palacios, & Morrow,2006). In Grenada there is a gap in available data as relates to anaemia in children over 1 year old.

Similarly, antenatal and postnatal women in Grenada have a consistent problem of anaemia, though not near that of one year olds (Figure 2). This data indicates there has not been much

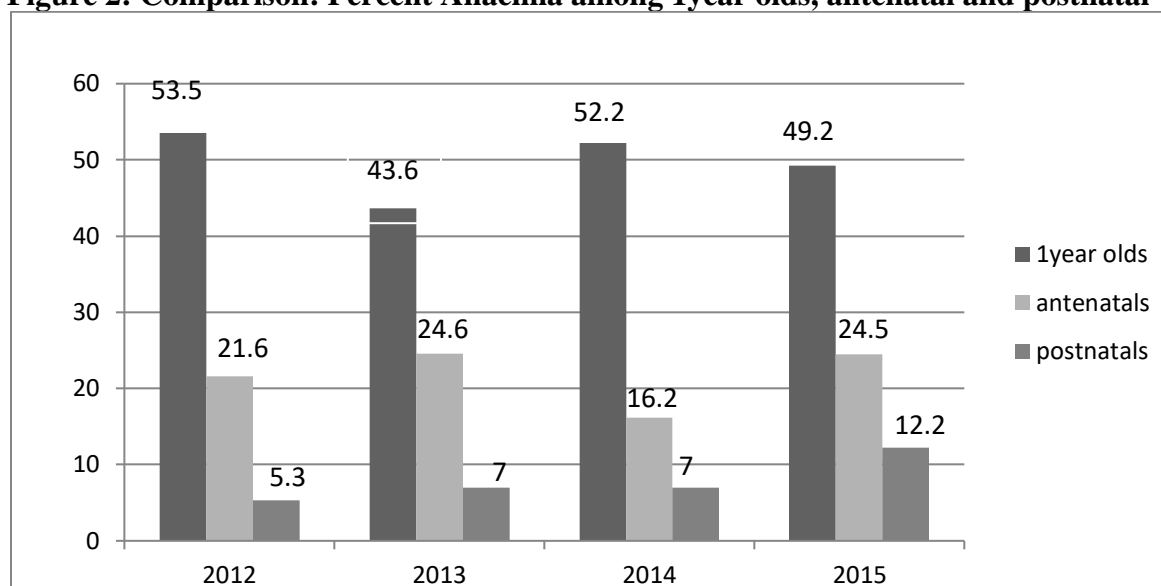
progress in this situation among women, even with iron supplementation and lends support to the need for action to improve nutrition for women, infants and young children.

**Figure 1: Percent of Anaemia among 1 year olds, (Hb <11g/dl)**



*Source: Ministry of Health, Grenada*

**Figure 2: Comparison: Percent Anaemia among 1year olds, antenatal and postnatal women**



*Source: Ministry of Health, Grenada*

### **1.2.3 Current Interventions**

The Ministry of Health has set the stage in moving forward with and is committed to promoting the Baby Friendly Hospital Initiative ( BFHI). The BFHI aims to give every baby the best start in life by creating a health care environment that supports breastfeeding as the norm. Training of staff at public secondary health institutions, primary health stations providing maternal and child care, the GFNC and other relevant stakeholders have already commenced on:

- BFHI
- WHO/UNICEF 10 Steps to Successful Breastfeeding
- International Code of Marketing of Breast-milk Substitutes.

The MOH is also partnering with the Grenada Food and Nutrition Council in formulating this Policy which will provide guiding principles on infant and young child feeding practices for

adoption by Government, stakeholders, parents, guardians/ caregivers, the community at large and institutions serving infants and young children age 0-24 months old.

The GFNC conducts monthly visits to daycare centres throughout the tri-island state to monitor feeding practices and offer advice to caregivers on best feeding practices. The Council is also actively involved with the promotion of breastfeeding and adequate complementary feeding practices at antenatal and child health clinics.

#### **1.2.4 Policies and Global Targets in support of Infant and Young Child Feeding**

Grenada is a signatory to several global targets that support the advancement of the Infant and Young Child Feeding agenda and women's health amongst which are:

- United Nations Convention on the Rights of the Child adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20<sup>th</sup> November 1989. It was entered into force 2<sup>nd</sup> September 1990 and was ratified by the Government of Grenada 5<sup>th</sup> November 1990.
- The Convention on the Rights of the Child in particular Articles 2,3,4,6,26 and 27, outlines that children are entitled to:
  - Non-discrimination
  - Adults acting in their best interest
  - Protection of their rights by Government
  - Survival and development
  - Right to receive help from Government if poor and in need and
  - Right to food

- WHO/UNICEF Baby Friendly Hospital Initiative launched 1991. Grenada is currently in the process of reimplementation of the 10 Steps to Breast Feeding
- 2030 Agenda for Sustainable Development Goals (SDG) United Nations Resolution A/RES/70/1 of 25 September 2015 which follow on the Millennium Development Goals 2000 – 2015, especially goals related to child health and wellbeing (SDG 3); the eradication of extreme poverty and hunger (SDGs 1,2); responsible consumption and production (SDG 12) among others.
- The International Code of Marketing of Breast-milk Substitutes (1981) and subsequent World Health Assembly Resolutions which seek to encourage and protect breastfeeding.
- Commonwealth Plan of Action 2005 -2015, no. 3 of the Critical areas for Commonwealth Action: Gender, poverty eradication and economic empowerment
- The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW, 1990) which was ratified on 30<sup>th</sup> August 1990, specifies women's needs for social support during maternity and child-rearing, appropriate maternity leave, employment protection and social benefits, adequate access to health care services and nutrition during pregnancy and lactation.
- International Conference on Population and Development [ICPD], (1994), highlights urgent action is needed to reduce maternal morbidity and mortality and provide reproductive health care to women
- International Covenant of Economic, Social, and Cultural Rights, ratified 6<sup>th</sup> September 1991. Speaks on: The need to disseminate knowledge on principles of nutrition and to develop systems to achieve the most efficient development and use of natural resources (Article 11), and provision for the reduction of stillbirth-rate and infant mortality and for healthy development of the child (Article 12)

- Grenada Food and Nutrition Security Policy (2013), emphasizes the Government's role in securing and promoting the nutritional wellbeing of vulnerable populations and consumption of good quality and affordable food in adequate amounts throughout the life cycle.

## **2.0 Policy Framework**

### **2.1 Vision**

A healthy and productive population with reduced morbidity and mortality among infants and young children.

### **2.2 Aim**

Adequate nutrition for growth, development and optimal health of all infants and young children in the State of Grenada, by creating supportive and sustainable environments to obtain a decrease in undernutrition, overweight and obesity and related morbidity and mortality.

### **2.3 Scope of the Policy**

This Policy provides the principles for sustainable and innovative ways to secure the nutritional wellbeing of infants and young children, age 0-24months in the State of Grenada with adherence to international standards.

The document addresses:

Appropriate feeding practices during the first two years of life

Needs of infants who are unable to receive breast milk because of medical reasons



Support for nutritional needs of antenatal and post-natal women

Laying the framework for all stakeholders to support best feeding practices

## **2.4 OBJECTIVES**

**The objectives of the policy are to:**

1. Influence policy and programme development.
2. Disseminate timely, accurate information to women of child bearing age on infant and young child feeding practices.
3. Implement and achieve Baby Friendly Hospital Initiative certification in institutions providing maternal and child health services, island wide.
4. Implement the Code of Marketing of Breast Milk Substitutes.
5. Increase support and accessibility for breastfeeding in businesses and communities.
6. Increase public awareness of benefits of adequate infant and young child feeding practices through public education.
7. Provide pregnant women with evidence based information and the Ministry of health's policy guideline on infant feeding as relates to HIV and HTLV.
8. Provide continued support to infant and mother based on the feeding choice.

## **2.5 Guiding Principles**

The policy is guided by the following national policies, global targets and initiatives to which the Government of Grenada has signed onto:

**World Health Assembly (WHA) Resolution number 65.6 (21-26 May, 2012) adopted six voluntary targets for the advancement of nutrition globally by 2025:**

- 40% reduction of the global number of children under five who are stunted
- 50% reduction in anemia in women of reproductive age
- 30% reduction of low birth weight (LBW)
- No increase in childhood overweight
- Increase exclusive breastfeeding rates in the first six months up to at least 50%
- Reducing and maintaining childhood wasting to less than 5% (WHO,2014)

**WHO and UNICEF recommendations:**

- Early initiation of breastfeeding within 1 hour of birth
- Exclusive breastfeeding for the first 6 months of life and
- Introduction of nutritionally-adequate and safe complementary (solid) foods at 6 months together with continued breastfeeding up to 2 years of age (24 months) and beyond (WHO/UNICEF, 2003).

The Ministry of Health has begun the process of implementing the *Ten Steps* to Successful Breastfeeding at facilities providing maternity and child care services. The goal is to achieve Baby Friendly certification beginning with the General Hospital.

PAHO/WHO Guiding Principles for Complementary Feeding of the Breast fed child, highlights the importance of healthy feeding practices which significantly decreases morbidity and mortality among infants and young children during the first two years of life. This is a critical period in growth and development of both mental and motor skills. (PAHO, 2003).

Stunting, an established indicator of chronic malnutrition occurring early in life, (before 2 years old), is difficult to reverse even with improved nutrition. Early deficits are linked to poor intellectual performance and reproductive health in adolescence and adulthood. This means that girls who are malnourished during these formative years will in turn have increased risk of

producing children with low birth weight (LBW). This increases the risk for ill health and development of CNCs, creating a cyclical pattern. As such, the need for development and implementation of guidelines, advocacy for legislative action, development and promotion of programmes and services to ensure best-feeding practices are further strengthened. It is equally important to engage relevant actors for support to mothers and care givers alike, giving them the means necessary to ensure optimal feeding practices are initiated and sustained (PAHO, 2003).

International Labour Organization (ILO) Maternity protection Convention, 2000 (No. 183) and Recommendation (No. 191) supports women breastfeeding even beyond returning to work:

- At least 14 weeks maternity leave with 66% of previous earnings paid by social insurance or public funds or 18 weeks' full pay as encouraged in Recommendation No. 191.
- Prenatal, child birth and postnatal health care for mother and child and cash benefits to mothers who do not qualify for social insurance.
- Protection for the pregnant or nursing women deemed medically unfit to work or based on her child's health.
- The right to have same or equal paid position without discrimination.
- The right to daily breaks or reduction in work hours to facilitate breastfeeding (Addati, 2013).

Currently, Grenada National Insurance Scheme (NIS) provides a Maternity Allowance at a rate of 65% of average insurable earnings for a period of 12 weeks plus a grant of \$ 522.00. The employer is responsible for the remaining 35% of the earnings and duration is left to their discretion. If the woman does not qualify for an allowance she may be able to receive a grant in the above amount through her qualifying spouse, (NIS Grenada, 2016).

## 2.6 National Commitment to Promote Protect and Support Optimal Infant and Young Child Feeding Practices

WHO includes socio economic status, urbanization and nutrition and health as components of the determinants of Health.

Based on the poverty assessment from 2008, Grenada had 37.7% of the populations below the poverty line of which 2.4% are indigent, 35.3% able to meet food needs but no other needs necessary for survival (housing and education) and 2.3% of women and men were found to be vulnerable to poverty.

Nutrition in the early years is of vital importance; it impacts physical and mental development, morbidity and mortality rates, incidences and severity of infectious diseases and risk of developing chronic non-communicable diseases.

Early stunting, a result of under nutrition, is associated with lower literacy, numeracy and educational attainment at age 18. The resilience of a nation is based on the health and wellbeing of the offspring and adequate education can be a path out of poverty (UNESCO, 2009).

Considering the current level of exclusive breastfeeding at 33.5% and 22.4%, a 10% reduction between 3 and 6 months, there is sufficient evidence in these numbers to necessitate increased support for mothers to continue breast feeding after returning to work.

Breast milk, as nature's choice for optimal nutrition for infants and young children should be promoted at all levels of care.

**As a part of national commitment, Baby Friendly practices will be promoted at all public and private health care institutions and facilities that provide maternal, infant and young child services, with a move to certify all these facilities as Baby Friendly.**

According to Laura Addati, maternity protection specialist, with the International Labour Organization (ILO), because most businesses are not baby friendly, many women stop breastfeeding earlier than recommended (exclusive from birth to 6 months). It may be therefore necessary to seek action for either paid nursing breaks or shortened work days to facilitate breast feeding which will benefit the child and in the long-term mother, business and Society. This would mean work places will need to provide private spaces and adequate storage facilities for breastfeeding mothers (Addati, 2013).

Recognizing that sustainability and best outcomes depend on buy in of the private sector and civil society in supporting and promoting breastfeeding, the need for island wide sensitization on the benefits of breastfeeding as a sustainable means of meeting the nutritional needs of infants and young children becomes more relevant.

Women must be empowered and supported to know breastfeeding to be a norm from birth, rather than an exception.

**The Government of Grenada will lead by investing in the establishment of day care facilities and/or private lactation spaces in government buildings, allowing mothers to continue breast feeding after returning to work.**

**In the absence of appropriate facilities to support breastfeeding while at work, lengthened maternity leave should be granted at least up to six months (as a national policy).**

**Additionally, in lieu of the above, mothers should be allowed to return to work part-time and/or be given shortened work days to facilitate sustained breastfeeding beyond the 3 months of maternity leave.**

WHO and UNICEF developed the Global Strategy for Infant and Young Child Feeding to revitalize world attention on the impact of early feeding practices on nutritional status, growth and development, health and survival (WHO/UNICEF, 2003). Non-exclusive breastfeeding during the first 6 months of life followed by inadequate or inappropriate complementary feeding results in:

- Lifelong poor learning in school
- Lower productivity and
- Poor social development (WHO/UNICEF, 2003).

**A national feeding standard shall be implemented for complementary feeding 6 to 24 months with support for sustained breast feeding.**

**Sustainable social structures shall be implemented to ensure infants are given the best possible start at life and that no child between the ages of 6 to 24 months goes hungry.**

WHO/UNICEF reiterates that transitioning from exclusive breastfeeding to *complementary feeding* is a particularly vulnerable period therefore appropriate feeding practices are important to meet nutritional needs. It is therefore necessary that complementary foods be:

- **Timely** -Foods are introduced at six months when breast milk is no longer able to meet energy needs of the infant.
- **Adequate** -Foods provided are sufficient to meet the additional needs of energy, protein vitamins and minerals necessary for growth and development.

- **Safe** -Food is handled to prevent food borne illnesses through proper storage, and cooking, ensuring proper hand washing and using clean utensils, cups and spoons instead of bottles and teats.
- **Properly fed** - Offering a range of foods that can be self-fed or spoon-fed and appropriate for child's stage of development, age and feeding based on cues from the child to guide appetite and fullness and encouraging adequate consumption during illness (WHO/UNICEF, 2003).

Appropriate feeding practices of complementary foods are subject to accuracy of information disseminated and the level of support from family, the community and health care providers. Inadequate knowledge is often a greater cause of malnutrition than inadequate food supply (WHO/UNICEF, 2003).

**Programmes will be implemented at the national level to provide timely instructions to all females of child bearing age (including adolescent girls).**

### **3.0 IYCF practices for children with special needs who may receive breast milk substitutes**

#### **3.1 Infants born with VLBW and Preterm**

Breast milk is of critical importance to the VLBW infant, less than 1500g (3lbs 4oz) whether pre-term or full term, because of the increased risk for infection, illness and mortality.

**Nondiscretionary distribution of breast milk substitutes should be discouraged.**

Infant and young children, who are malnourished, need extra care and attention for rehabilitation and after. These children may need nutritionally adequate and safe complementary feedings. However, continued breastfeeding or even re-lactation may be necessary to prevent malnutrition (WHO/UNICEF, 2003). Breastfeeding and breast milk should be encouraged whenever feasible, with consideration of breast milk substitutes only if medically indicated.

### **3.1.2 Infants whose mothers are HIV or HTLV positive**

Grenada National Infectious Disease Unit (NIDCU), reports a 0.51% prevalence rate of HIV as of 2015 (NIDCU, 2016). Almost 70% of HIV cases are in the 15 to 44 age group, which includes women of child bearing age (PANCAP 2012-2016).

Providing cost-effective primary healthcare continues to be one of the main challenges for government. The Primary Health Care System has universal reach but behavioural problems in the society, pose serious challenges. Since 2007 no case of mother to child transmission has been reported (PANCAP 2012-2016).

Since 2010, WHO has recommended that mothers who are HIV-infected take antiretroviral medication (ARV) and exclusively breastfeed their babies for 6 months, then introduce appropriate complementary foods and continue breastfeeding up to the child's first birthday. Breastfeeding should only stop once a nutritionally adequate and safe diet without breast milk can be provided (WHO, 2016a).

The OECS Guidelines (2013) states, if formula feeding is not a reliable and feasible option the mother should be allowed to breastfeed with the following interventions:

- Antiretroviral therapy (ART) for mother and/or infant as



- Exclusive breastfeeding for the first 6 months then continued breastfeeding with gradual introduction of mixed feedings for the first 12 months. Gradual weaning over 1 month is recommended once the child's diet is nutritionally adequate and safe without the breast milk

Human T- lymphotropic Virus (HTLV), a virus known to cause adult T-cell lymphoma/leukemia or neurological changes is endemic to Japan and the Caribbean region. Since this virus is in the same family of retroviruses such as HIV, it can be transmitted through childbirth and breast milk. The prevalence in some Caribbean countries has reached as high as 6% (OECS Guidelines, 2013). In Grenada, pregnant women are routinely tested for HTLV. In 2016, MOH began recording number of persons tested and positive results. Data collected from the Epidemiology Unit, MOH, indicates; first quarter 1.1% of persons tested were positive, 1.8% during the second quarter and 2.8% during the third quarter.

According to The OECS Guidelines (2013), mothers who are HTLV positive should avoid breastfeeding.

**Women who are HIV or HTLV positive should be engaged in counsel on appropriate feeding at each antenatal visit. Medical, economic and home situation should be assessed. Health regulations should enforce counsel to mothers who are HIV positive regarding risk and benefits of feeding option with to emphasis on exclusive breastfeeding or breast milk substitutes if deemed acceptable, feasible, affordable, sustainable and safe(AFASS).**

**The Ministry of Health , Prevention of Mother to Child Transmission of HIV programme (PMTCT), provides replacement feeds for at least six months to babies of HIV positive mothers who choose not to breast feed (MOH, 2007).**

### 3.1.3 Infants with Inborn Errors of Metabolism

The following conditions will require specialized infant formulas:

- Galactosemia – These children will require a specialized formula free of galactose. (Bosh, 2011)
- Phenylketonuria – Specialized formula free of the amino acid phenylalanine will be needed. Some breast feeding may be possible with close monitoring. (Edelstein & Sharlin, 2009)
- Neonates with hypoglycemia (low glucose level, < 30mg/dl in the first 24hours and <45mg/dl thereafter) **may require breast milk substitutes** in cases such as:
  - Infants who are premature, have serious infection or need oxygen right after delivery
  - Infants whose mothers have diabetes(Large at birth, hyperinsulinemia)
  - Infants who have slower than usual growth in the womb during pregnancy
  - Infants who are smaller in size than normal for gestational age
  - Infants who are unable to improve and maintain a normal level of blood glucose (>50mg/dl) with breastfeeding or breast milk. (*Maayan-Metzger, Lubin, & Kuint, 2009*).

## THE POLICY

### 4.0 Feeding Under Normal Circumstances

#### 4.1 Promotion of Best Feeding Practices

Nutrition plays an essential part in ensuring good cognitive and physical development of infants and young children and is of particular importance from birth through age two. It must be recognized that support for optimal feeding practices is of utmost importance in these formative years and can be a means toward economic development and the eradication of extreme poverty and hunger.

##### 4.1.1 Policy Statement 1

BFHI shall be implemented at all public and private hospitals and community based birthing centers, in Grenada, Carriacou and Petite Martinique. The International Code of Marketing of Breast Milk Substitutes will be used to guide and sustain optimal feeding practices for infants and young children.

##### Objectives:

- a) Obtain BFHI certification in all hospitals providing maternal and childcare in the tri-island state by 2022, beginning with the General hospital.
- b) Increase exclusive breastfeeding among infants for the duration of the first 6 months by 50% by 2025.

Actions	Responsibility
Infant and Young Child Feeding Policy, GRENADA	Page - 34 -

<b>4.1.1.1</b> Enforce legislative action against advertising and promoting breast milk substitutes in keeping with the International Code of Marketing Breast Milk Substitutes.	Ministry of Legal Affairs, MOH, GBS, Media Association, Marketing and Distribution companies
<b>4.1.1.2</b> Implement the Baby Friendly Hospital Initiative at all facilities caring for women and their new born infants, public and private.	MOH, IYCF Committee
<b>4.1.1.3</b> Develop standards for acceptance of appropriate breast milk substitutes by assigned governmental entities ( MOH – Procurement, National Disaster Management Agency- NaDMA)	MOH, NaDMA
<b>4.1.1.4</b> Monitor implementation of BFHI	MOH, IYCF Committee

## **4.1.2 Policy Statement 2**

Support on best feeding practices shall be provided to parents and care givers to introduce appropriately fed complementary foods at six months and continued breast feeding up to 2 years and beyond.

### **Objectives:**

- a) Increase the use of locally grown nutritious complementary foods in day-care centers by 50% by 2020.
- b) Promote the use of locally grown nutritious complementary foods in 80% of homes monitored by GFNC with infants and young children.
- c) Promote use of traditional foods (appropriately introduced) after age 6 months

d) Provide standardized guidelines on complementary feeding practices for all child care

<b>Actions</b>	<b>Responsibility</b>
4.1.2.1 Conduct training in communities and day-care on age appropriate food preparation and food safety	GFNC, MOH, MOE, GRENCASE, MOSD
4.1.2.2 Monitor day cares and homes to ensure timely introduction and use of the multi-mix principle	GFNC, MOSD, MOH, MOE
4.1.2.3 Promote best feeding practices at households, childcare and health institutions	GFNC, MOH, GRENCASE, MOSD
4.1.2.4 Ensure adequate staffing at GFNC to support monitoring of homes and day care centres	MOA

facilities within the first year of implementation of the policy.

## **4.2 Social Assistance Programme**

Presently Grenada has 37.7 % of its population living below the poverty line and another 14.6% vulnerable to poverty. As Grenada faces increased urbanization, implications for food security become a major concern, as the cultural norm of agriculture as a way of subsistence becomes obsolete. There are large numbers of female headed households and a significant number of adolescent mothers (Grenada Central Statistical Unit, 2011-2015; Grenada Central Statistical Unit, 2008-2015); these are two vulnerable segments of the population who need to be

empowered through programmes that would remove constraints, provide support and give them the confidence and ability to feed themselves and their children.

#### **4.2.1 Policy Statement 3**

A sustainable social assistance programme for qualified pregnant and postnatal women and their children between the ages of 6 to 24 months shall be developed and implemented to ensure optimal nutrition.

##### Objectives:

- a) Improve food access for vulnerable pregnant and lactating women and their infants and young children
- b) Decrease the number of low birth weight babies by 30% by 2025
- c) Empower women to make healthier food choices for their families

<b>Actions</b>	<b>Responsibility</b>
4.2.1.1 Review and revise existing social assistance programme to improve food access for qualified women, their infants and young children.	MOSD, IYCF Committee
4.2.1.2 Develop support programmes that would allow women and families to conduct small scale farming and or food processing or skills training for self- sustenance and	MOA, MAREP, GBS, GFNC

income generation.	
4.2.1.3 Create linkages with supermarkets in all parishes Develop food vouchers	MOSD, IYCF Committee, GFNC
4.2.1.4 Conduct nutrition education and food demonstrations at anti-natal, post-natal and child health clinics	GFNC
4.2.1.5 Develop and implement a monitoring and evaluation system for the programme.	MOA,IYCF Committee GFNC, MOSD

### 4.3 Training

It is important that messages disseminated on feeding practices for infants and young children to the public be current, accurate and consistent. It is therefore necessary that relevant persons receive adequate training and periodic updates to facilitate effective policy implementation and sustainability. It is also important that training be geared toward capacity building, facilitation of skills to support exclusive breastfeeding for the first 6 months, continued breastfeeding through 2 years and beyond, and appropriate complementary feeding practices.

#### 4.3.1 Policy Statement 4

Knowledge and skills of all day care workers, Health Care Professionals, Nutritionists and Health Educators, shall be enhanced through mandatory training.

Objectives:

- a) **Train** health care providers involved in maternal and child care on the 10 Steps To Successful Breastfeeding prior to implementation of BFHI
- b) Provide training to health care workers who service maternal and childcare units on the implementation of the policy and IYCF guidelines within one year of approval
- c) Conduct in-service training of health care workers at least every 2-3years and before rotation to specified service areas.
- d) Train day care workers on the use of the policy before implementation, before employment and in-service every 2-3 years

<b>Actions</b>	<b>Responsibility</b>
<b>4.3.1.1</b> Conduct training on IYCF in keeping with the national standard	IYCF Coordinator, MOH, GFNC
<b>4.3.1.2</b> Facilitate training for staff locally, regionally and internationally. (Institutions shall be responsible for ensuring that all staff are adequately oriented to the policy and trained for the implementation)	Health care institutions, GFNC
<b>4.3.1.3</b> Mandatory training and retraining on the policy and practice updates at specified intervals, for capacity building in skills and delivery of information for all health care staff.	IYCF Coordinator, MOH, GFNC
<b>4.3.1.4</b> Train health care workers to counsel women with HIV or HTLV positive status according to national guidelines.	MOH



<b>4.3.1.5</b> Promote the inclusion of training and updates on infant and young child feeding as part of the continuing education requirements for health care associations	IYCF Coordinator
<b>4.3.1.6</b> Review sponsorships for activities, training or otherwise by health care facilities or personnel, to ensure they are in keeping with the International Code of marketing of Breast-milk Substitutes and any subsequent relevant Health Assembly resolutions.	Health care sector
<b>4.3.1.7</b> Train trainers on optimal feeding practices in keeping with support for breastfeeding or breast milk feeding exclusively, for the first six months of life and continuation up to twenty four months of age and beyond.	MOH, GFNC, IYCF Committee
<b>4.3.1.8</b> Train all caregivers in day care centres or other early childhood institutions in infant and young child feeding principles	GFNC, MOH, MOSD

## 4.4 Public Education

To ensure successful implementation and sustainability of programmes, women, stake holders and the general public must be educated on the importance of adequate feeding practices for infants and young children and the positive impact this shall have on our social and economic development. Women will need the support of significant others, as well as that of their employers, friends, family and the wider community, in order to successfully adopt optimal feeding practices.

### 4.4.1 Policy Statement 5

Accurate and up to date information on the importance and benefits of infant and young child feeding and its associated impact on the holistic development of the child will be disseminated to the public.

#### Objectives:

- a) Increase awareness on the benefits of breastfeeding and the need for supporting mothers
- b) Positively impact complementary feeding

Actions	Responsibility
4.4.1.1 Develop public awareness campaign on breast feeding as nature's choice of best practice, through round	IYCF committee, MOH

table community and televised discussions, testimonials on breast feeding experience including both sexes, highlighting benefits to women, cost benefit to the family and the risks of artificial feeding.	
4.4.1.2 Re-establish a breastfeeding hotline	MOH, IYCF Committee
4.4.1.3 Establish peer support groups at health clinics and community centres.	IYCF Committee, MOH, GFNC
4.4.1.4 Erect billboards at strategic points throughout the parishes	IYCF committee, MOW (Planning division)
4.4.1.5 Create and disseminate brochures, pamphlets, leaflets to the general public.	MOH, MOE, GFNC, SGU
4.4.1.6 Engage the Media in educational forums to ensure all information disseminated is correct and consistent.	IYCF Committee
4.4.1.7 Promote appropriate complementary feeding and physical activity practices throughout the first 2 years of life, to include continued breast feeding, through audio-visual media promotions, newspaper articles etc.	MOH, MOE, GFNC, MOSD
4.4.1.8 Promote breastfeeding at maternal and child health services.	MOH, GFNC
4.4.1.9 Encourage support at health facilities for mothers during the first six months after giving birth to ensure exclusive breastfeeding is continued.	MOH

4.4.1.10 Plan and execute programmes geared toward obtaining paternal support for exclusive breastfeeding to six months and continued beyond, through engaging fathers at antenatal clinics and training sessions.	IYCF Coordinator, MOH, GFNC
4.4.1.11 Engage tertiary level students in open forum/discussions on maternal, infant and young child feeding	IYCF Coordinator, MOH, GFNC
4.4.1.12 Provide information to Policymakers, community leaders and key stakeholders on the economic benefits of appropriate feeding practices.	IYCF Committee

## 4.5 Feeding Under Difficult Circumstances

Attention and support to ensure optimal feeding practices are sustained during special situations such as: LBW infant or malnourished young child, child born to a mother who is HIV/HTLV positive, child whose mother dies during child birth or in times of natural disasters, are necessary. During these times there is an increased risk of mothers moving away from breast feeding and toward breast milk substitutes and inappropriate complementary foods.

### 4.5.1 Policy Statement 6

Families shall be provided with support to ensure best feeding practices are maintained in the face of difficult circumstances

Objectives:

- a) Ensure continued best feeding practices as appropriate during a disaster
- b) Decrease risk of infection, malnutrition and death among infants and young children
- c) Ensure complementary foods and breast milk substitutes are appropriate and safe at all times

## Disasters

<b>Actions</b>	<b>Responsibility</b>
4.5.1.1 Identify and report infants and young children to the disaster management authority, to allow timely needs assessment and appropriate interventions.	MOSD, GFNC, MOH, NADMA
4.5.1.2 Wherever possible mothers and infants shall be kept together to facilitate continued breastfeeding	Relevant government authorities, NADMA
4.5.1.3 Monitor home environment of infants who are not breastfed to support best feeding practices.	Team: MOH , MOSD, GFNC
4.5.1.4 Promote and support continued breast feeding and ensure timely, safe and appropriate complementary foods	Team: MOH , MOSD, GFNC
4.5.1.5 When necessary appropriately procure and distribute suitable breast milk substitutes.	MOH(Medical Stores), NADMA

## Premature, Small for Gestational Age, LBW and Malnourished or Failure to Thrive

<b>Actions</b>	<b>Responsibility</b>
4.5.1.6 Promote and support early initiation, continued	MOH

breast feeding and relactation when feasible	
4.5.1.7 Ensure timely, safe and appropriate complementary foods	MOH, GFNC, MOA
4.5.1.8 Ensure breast milk substitutes shall be used under safe, sanitary conditions when medically necessary	MOH, GFNC, MOSD
4.5.1.9 Promote the use of locally produced nutritious foods through training in safe preparation and ways to improve nutrient bioavailability and caloric density.	GFNC
4.5.1.10 Monitor use of dietary supplements to ensure they are used as prescribed	MOH
4.5.1.11 Provide information on the effects of early feeding practices on childhood obesity	MOH, GFNC
4.5.1.12 Promote healthy eating habits and daily physical activity in children	MOE, MOH, GFNC

### **Children born to HIV/HTLV positive mothers**

<b>Actions</b>	<b>Responsibility</b>
4.5.1.13 Provide unprejudiced individual counselling to pregnant women who are HIV /HTLVpositive on risks and benefits of breastfeeding vs. replacement feeding as an option.	MOH, GFNC, NIDCU

4.5.1.14 Provide unprejudiced individual counselling on the importance of <b>exclusive</b> breast- feeding with emphasis on the risks involved in mixed feeding to all HIV/HTLV positive pregnant women	MOH, GFNC
4.5.1.15 Provide support for HIV/ HTLV positive women who are not breastfeeding through assessment of their social, health, and economic situation, to ensure use of breast milk substitutes is deemed AFASS.	MOH, MOSD
4.5.1.16 Provide support to women with identified need for economic support through the social assistance programme in order to support best feeding practices for the infant through age 2 years.	MOSD, MOH, GFNC
4.5.1.17 Provide individual training demonstrations on safe breast milk substitute preparation to women who choose replacement feeding	MOH, GFNC,
4.5.1.18 Develop guidelines on breastfeeding for HTLV positive mothers	MOH

### Infants whose mothers have died

<b>Actions</b>	<b>Responsibility</b>
4.5.1.19 Provide support through needs based social assistance programme for provision of appropriate	<b>MOSD, MOH</b>

breast milk substitutes, and complementary foods.	
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#### **4.6 Establishment of National Infant and Young Child Feeding Committee**

The Government of Grenada through a Cabinet appointed National Infant and Young Child Feeding Committee shall serve as the lead body for implementation of this policy. This committee's chief responsibility shall be the implementation of the policy with support from MOH and GFNC.

Other key implementing partners shall include other governmental and non-governmental organizations, health care facilities, health workers, employers, trade unions, NIS, child care facilities, breast feeding advocates, and the mass media. The success of the implementation process will hinge greatly on the involvement of these partners.

##### **4.6.1 Policy Statement 7**

A Cabinet appointed Infant and Young Child Feeding committee shall be established to spearhead the Policy implementation process.

##### Objectives

- a) Implement the policy within one year of approval
- b) Facilitate effective implementation and enforcement of related laws/regulations in collaboration with key stakeholders.



<b>Actions</b>	<b>Responsibility</b>
4.6.1.1 Request nominees from various entities to formulate a Cabinet appointed National IYCF committee.	GFNC, MOH
4.6.1.2 Appoint an Infant and Young Child Feeding Coordinator and an assistant.	IYCF Committee, Cabinet
4.6.1.3 Liaise with other partners and coordinate the IYCF activities outlined in this document as assigned responsibility.	IYCF Committee, IYCF Coordinator
4.6.1.4 Implement feeding guidelines within the School Feeding Standards for infants and young children 6 months to 2 years.	MOE, GFNC
4.6.1.5 Provide guidance for the establishment of a day care facility and or private space for feeding, expressing and storing of breast-milk, at a selected government building as a prototype/pilot study.	IYCF Committee, MOSD, MOE, Ministry of Works
4.6.1.6 Review existing legislation on maternity, to ensure adherence to the International Labour Organization Maternity Convention and amend to allow for extended leave, part-time employment or lactation breaks.	IYCF Committee, TUC, Ministry of Labour, Ministry of Legal Affairs, NIS
4.6.1.7 Influence employers to ensure maternity entitlements which may include part-time work, breast feeding breaks or other arrangements on return to work when requested.	TUC, Labour commission, Employers Federation
4.6.1.8 Review and make recommendations for the enhancement of the primary, secondary and tertiary education curricula on best practices for infant and young child feeding	MOE, GFNC, MOH

## 5.0 Monitoring and Evaluation

To ensure this policy has been successfully implemented and to meet targeted objectives, monitoring and evaluation of the processes are imperative. The implementation and success of the BFHI can only be successful with support of the primary health care teams in teaching, promoting and supporting women at the community level. This will ensure a decision is made prior to delivery. Continued support and promotion for breastfeeding at postnatal and child health facilities will be needed for successful outcomes.

Though there is some measure of monitoring complementary feeding practices, a more detailed and comprehensive system is needed to allow thorough analysis of dietary practices and diversity in food choices. This system will guide the approaches used to effectively update skills of health care personnel, teach women, strengthen community and employers in teaching women and strengthen community and employers support for mothers to achieve best feeding practices.

### 5.1 Indicators:

**The following indicators shall be used for monitoring and evaluation:**

- Number and percentage of health facilities certified and those in progress toward being Baby Friendly
- Rates of breastfeeding initiation at birth

- Exclusively breast fed infants at 6 months
- Number and percentage of babies breast fed to 12 months, 18 months and 24 months
- Timely introduction of complementary foods
- Number/percentage of infants and young children admitted to hospital with a diagnosis of malnutrition / Failure to Thrive
- Rate of obesity in children
- Number of mothers on the social assistance programme
- Number of mothers/families moving off the social assistance programme with sustainable initiatives (farming, rearing animals etc.)
- Use and effectiveness of work place day care/lactation privacy space

#### **Nutritional Indicators:**

- Growth rate (length for age)
- Weight to length at well baby visits and upon entering day care and pre-school
- Height for age
- Timely introduction of complementary foods
- Anemia among antenatal women and one year olds

## **6.0 Appendices**

### **6.1 Content of General Education**

- Promote the International Code of Marketing of Breast-milk Substitutes at all levels of training and education.
- Conduct periodic updates to strengthen support for the policy for educators involved in training Health Care Workers and the Public.

- Include the timely introduction of appropriate complementary foods, in the curricula for health care and day care workers, Health and Family Life programme at secondary schools and education programmes at antenatal and child health clinics.
- Include the importance of iron rich foods in the diet of infants and young children and negative effects of inadequate intake as well as food sources in the curricula for health care and day care workers, Health and Family Life programme at secondary schools and education programmes at antenatal and child health clinics
- Emphasize, adequate nutrition before, during and after pregnancy to include supplementation of antenatal iron and folic acid in curricula addressing healthcare workers, educators.
- Include exclusive breastfeeding vs. breast-milk substitutes as an option for women with HIV positive status in Health and Family Life curriculum at the secondary school level and at antenatal and child health clinics.
- Include indicators for appropriate use of breast-milk substitutes, such as use of some medications and medical conditions in education sessions

## **6.2 WHO 10 steps To Successful Breastfeeding**

1. Have a written policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement this policy
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within a half-hour of birth.

5. Show mothers how to breastfeed and how to maintain lactation even if they should be separated from their infants
6. Give new born infants no food or drink other than breast milk, unless medically indicated.
7. Practice rooming-in; allow mothers and infants to remain together- 24hours a day.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

### **6.3 Summary of the International Code of Marketing of Breast -milk Substitutes**

1. No advertising of breast-milk substitutes to families
2. No free samples or supplies in the health care system
3. No promotion of products through health care facilities, including no free or low-cost formula.
4. No contact between marketing personnel and mothers.
5. No gifts or personal samples to health care workers.
6. No words or pictures idealizing artificial feeding, including pictures of infants, on the labels or product.
7. Information to health workers should be scientific and factual only.
8. All information on artificial feeding, including labels, should explain the benefits of breastfeeding and the costs and hazards associated with artificial feedings.
9. Unsuitable products should not be promoted for babies.

10. All products should be of high quality and take account of the climate and storage conditions of the country where they are used.

#### 6.4 Guide to Infant and Young Child Feeding

Complementary foods should be introduced after six months (180 days) through twenty-four months, with continuation of breastfeeding, breast milk or appropriate breast milk substitutes when applicable Complementary foods should be introduced in stages based on the child's age and stage of development. (See Table)

<b>Food Groups</b>	<b>FOOD from ANIMALS MILK</b>	<b>STAPLES: cereals, tubers, bread</b>	<b>VEGETABLE</b>	<b>FRUIT</b>	<b>FOOD from ANIMALS: Meat, Fish Poultry, eggs</b>	<b>LEGUME Dry beans peas and nuts</b>	<b>COMMENTS</b>
Birth to 6 months	<b>Breast Milk/</b> Substitute <b>only when necessary</b>	NONE	NONE	NONE	NONE	NONE	Breastfeed on demand

6 to 8 months	Breast Milk/ Substitutes <b>only when medically necessary</b>	Begin with Iron fortified cereal	Cooked and mashed or pureed, no skins or seeds	Pureed or mashed	Cooked, pureed or grated	Soft cooked and mashed or pureed	Breastfeed on demand
8 to 10 months	Breast feeding Substitutes <b>only when medically necessary</b> Plain Yogurt	Iron fortified cereal, add other foods, lumpy mashed Bread Crackers	Cooked and cut into small pieces, lumpy mashed	Soft and cut into small pieces or mashed	Cooked and mashed or cut into small pieces or minced	Soft cooked/ mashed	Breastfeed on demand
10-12 months	<b>Continue breast feeding, expressed breast milk or substitutes when indicated</b>  Offer foods from the family pot. Foods should be soft or cooked and cut into small manageable pieces or minced.						
12-24 months	<b>Continue breast feeding, expressed breast milk, whole cow's milk or substitutes when indicated</b>  Continue with foods from the family pot  5-6 complementary feeds per day ( <b>meals and snacks</b> ), ensuring a wide variety of foods.						

## 6.5 Specific Responsibilities

### 6.5.1 Cabinet Appointed National IYCF Committee

This committee shall be tasked with the responsibility to advocate legislative actions and

provide guidance for the implementation of the policy and support thereafter.

Monitor the model work place day care/lactation privacy space for efficiency and effectiveness within one year, and drive advocacy for expansion of the programme based on the outcome.

**The committee shall constitute multi-sect oral representation from the following:**

**Chair** - The National Infant and Young Child Feeding Coordinator

Civil Society/Lay person

Conference of Churches

Employers' Federation

Grenada Bureau of Standards

Grenada National Coalition on the Rights of the Child (GNCRC)

Grenada National Organization of Women (GNOW)

Grenada Food and Nutrition Council (GFNC)

Public Health Association

Ministry of Agriculture

Ministry of Education ( School of Nursing, Early Childhood Education, Health & Family Life, Curriculum)

Ministry of Health (PHC, Health Promotion, Hospital)

Ministry of Labour

Ministry of Legal Affairs

Ministry of Social Development

Ministry of Trade

National Disaster Management Agency (NaDMA)



National Insurance Scheme (NIS)

St. George's University , School of Public Health

Trades Union Council (TUC)

### **6.5.2 Infant and Young Child Feeding Coordinator**

Chair the IYCF Committee

Work with staff at hospitals and health clinics as a resource person

Conduct periodic education sessions / in-service training for health care staff

Oversee auditing processes and compile reports.

Conduct home visits to offer support to mothers in difficult situations

Development community based breast feeding support groups.

### **6.5.3 Government of Grenada**

Position IYCF as a priority on the national agenda

Provide necessary support for laws, regulations, policies, strategies and programs, related to IYCF to ensure compliance.

Strengthen the IYCF Committee by providing it with adequate human, material and financial resources to spearhead implementation and coordination of this policy and achieve policy objectives.

Enhance the primary, secondary and tertiary education curricula on best practices for infant and young child feeding

#### **6.5.4 Ministry of Health:**

Act as the principal implementation ministry in collaboration with GFNC for all the activities aimed at achieving the goal and objectives of the Policy.

Facilitate the training of health professionals and health workers.

Carry out training/sensitization of health workers on related activities as outlined in the policy

Assist with procurement of replacement feeds where appropriate.

Develop promotional materials to support implementation of the policy.

Liaise with GFNC to synchronize nutrition related materials on IYCF and to develop appropriate Communication plans

Advocate for adequate resources – human, financial and organizational – for the timely successful implementation of the IYCF Policy and actions.

#### **6.5.5 Grenada Food & Nutrition Council**

Act as the principal implementation organization in collaboration with MOH for all the activities aimed at achieving the goal and objectives of the Policy.

Develop and/or update and disseminate IYCF educational materials.

Liaise with MOH to synchronize nutrition related materials on IYCF and to develop

Appropriate communications plan.

Advocate for adequate resources – human, financial and organizational – for the timely and

Successful implementation of the IYCF Policy and actions.

#### **6.5.6 Ministry Of Education**

Facilitate the enhancement of the primary, secondary and tertiary education curricula on best practices.

Foster school environments that promote healthy eating habits and daily physical activity in children.

#### **6.5.7 Guideline for Social Assistance Programme**

The programme will not provide cash but a voucher to qualified applicants, and would be for a specified period.

The Ministry of Social Development will collaborate with Grenada Food and Nutrition Council to create food vouchers which would specify foods that can be purchased.

The programme must have some stipulations for receiving monthly vouchers, such as, mothers must attend clinic for routine checks during pregnancy or child must be brought to clinic for scheduled child health checks in order to continue to receive vouchers.

Women will be assisted and must be willing to get involved in self- help programmes which will allow them to wean themselves off the programme, prior to termination.

In the absence of available land space, women/families would be taught creative means of farming, such as, use of nontraditional holding containers. Alternatively, government will identify community spaces to be used.

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## **8.0 Consultations for Development of the Policy**

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